On Cerebro Spinal Meningitis.—In contradiction of the view that sporadic cases of cerebro spinal meningitis are to be considered as due to a secondary infection produced by the migration of the coccus of a masked pneumonia, Obeke reports two cases of cerebro spinal meningitis (Berlin Klin Woch. No. 41, 1891) occurring simultaneously in two brothers, and leading rapidly to a fatal termination. The autopsy showed in a most pronounced form the pathological changes affecting the brain and cord and their envelopes characteristic of this disease. All of the other organs were carefully examined but nothing was found of etiological value, that would lead one to suspect that the disease was of secondary origin. The bacteriological examination revealed the presence of a definite microorganism in the arachnoid cavity. (Neurolog. Centrbl. No. 24, 1892). W. M. L.

Eye-strain and its relations to "Cerebral Hyperæmia," etc.—"The New York Medical Journal" of Dec. 3, 1892, contains a highly instructive article upon this subject from the pen of Dr. E. C. Seguin.

He believes that eye-strain, more especially that due to paresis or original weakness of the third and sixth cerebral nerves, produces many symptoms besides cephalalgia and migraine. He classifies these into the two following symptom-groups:

A. Symptoms of Paresis (insufficiency) of the Third Cerebral Nerves and Attached Muscles. Occipito-cervical pain and "distress" are the characteristic symptoms, sometimes the only ones. The pain, diurnal as a rule, and often not appearing until the patient has used his eyes in dressing, eating, or reading, is usually greatest between the occipital bone and the second vertebra. It is sometimes more "distress" than a true pain, and is often accompanied by sensations of stiffness and tightness. Frequently there is a sensation of weight or downward pressure on the back part of the head, with intermittent numbness and formication. The prolonged duration of these symptoms may lead to neurasthenia, insomnia, and a curious mixture of hysteria and hypochondria.

B. Symptoms of Paresis (insufficiency) of the Sixth Cerebral Nerves and Attached Muscles.

The most prominent symptom is dizziness, or "vertigo" as stated by the patient. Allied to this is nearly always a sense of indefinite fear. Various and peculiar sensations are felt in the head, such as a sense of fulness,

"as if the head would burst"; a downward pressure on the head, diffused or localized, "as if a stone or sharp stick" pressed upon it; a sense of constriction, general or cincture like; pain in various areas of the scalp; occasional feeling of numbness or of formication, also variously distributed. As these paræsthesia are increased by the sight of moving objects in a small or large space, we often meet with conditions like those termed agoraphobia and claustrophobia.

He further states that "the above mentioned symptoms, variously grouped and sometimes combined with others, have been appropriated by the advocates of a fanciful vaso-motor pathology," being termed "*cerebral hyperæmia*" (Hammond) and "*congestion of the base of the brain*" (Brown-Séquard). He does not recognize these so-called "diseases" but has always spoken of these symptoms as *cephalic paræsthesia*, awaiting the time when experience might lead to their more correct interpretation.

In the treatment of all such cases he recommends that, apart from the adaptation of proper glasses and prisms, in some the use of partial tenotomy, or myotomy, which are all of the utmost importance. The internal use of nux vomica, strychnine, and nerve tonics generally in cases of category A, and of cannabis indica, belladonna, atropine, conium, the bromides, antipyrine, etc., for cases of category B. In cases of both categories, rest, much more complete than is usually prescribed (even ocular rest by prolonged atropinization) and a general treatment, are necessary. W. M. L.

PSYCHOLOGICAL.

On the Knee-Jerks and Peripheral Neuritis in Diabetes.—R. T. Williamson, M. D. (London) M. R. C. P., (Medical Chronicle, Nov. 1892). According to the author's observations the knee-jerks in diabetes are absent in fifty per cent. of the cases. There is great variability of the reflex; thus a knee-jerk which has disappeared may return again and vary much in the course of time. The condition is influenced by age, the knee-jerks being lost in a greater proportion of cases under the age of thirty than in cases over thirty. In relation to general nutrition they appear to be more frequently absent in markedly wasted patients than in the well nourished. The loss of tendon reflex cannot be re-